



PROGRAM REVIEW FORM

ARTIST/ENSEMBLE NAME: _____

PROGRAM TITLE: _____

DATE: _____

SCHOOL/ORGANIZATION: _____

AGE/GRADE LEVEL OF AUDIENCE: _____

OF STUDENTS PARTICIPATING: _____

REVIEWER NAME AND/OR TITLE _____

TYPE OF EXPERIENCE (CIRCLE ONE): performance workshop residency (3days+) professional development

Did the artist display a Young Audiences banner or wear a Young Audiences t-shirt/apron? YES NO

Was the artist/ensemble introduced as being from Young Audiences ? YES NO

MISSION:

Young Audiences of Northeast Ohio enriches the lives of children and promotes creative learning by uniting arts and education

Please answer the following questions on a scale of 1-4	Absolutely	Mostly	Somewhat	Not at all
1. Was the artist prepared to begin on time? Comments:	4	3	2	1
2. Was there a logical sequence and flow to the program? Comments:	4	3	2	1
3. Did the artist utilize high-level art and creative techniques to present his or her content? Comments:	4	3	2	1
4. Was student interest maintained throughout the program? Comments:	4	3	2	1
5. Did the artist have a positive rapport with students? Comments:	4	3	2	1

	Absolutely	Mostly	Somewhat	Not at all
6. Did the program included a variety of appropriate materials and teaching methods? Comments:	4	3	2	1

7. Did the content of this program effectively support learning in non arts areas of curriculum, such as science, social studies, or English language arts? Comments:	4	3	2	1
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8. What was the greatest strength of the program that you saw today? Why?

9. Which areas need improvement? Why?

10. Additional comments?

THANK YOU!

PLEASE RETURN TO:

Young Audiences of Northeast Ohio
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